

**Campbell Chiropractic Clinic**  
HIPPA Omnibus Rule

**Patient Acknowledgement of Receipt of Notice of Privacy Practices**

Print Patient Name: \_\_\_\_\_

I acknowledge that I have been provided a copy of currently effective Notice of Privacy. A copy of this signed, dated document shall be as effective as the original.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Patient or Personal Representative

\_\_\_\_\_  
Signature of Witness / Office Representative

You may refuse to sign the acknowledgement & authorization. In refusing, this practice will not be allowed to process your insurance claims.

I acknowledge that I declined the Notice of Privacy Practices provided:

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Patient or Personal Representative

\_\_\_\_\_  
Signature of Witness / Office Representative

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**Office Use Only:** I attempted to obtain written authorization of receipt of Notice of Privacy Practices, but acknowledgement could not be obtained because: \_\_\_ Individual refused to sign \_\_\_ Communication barrier \_\_\_ Emergency situation occurred with patient Other: (explain):  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Office Representative